SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Harvey Dennis, Esq. 6 Rosweood Drive Williamsville, NY 14221	
· · · · · · · · · · · · · · · · · · ·	3. Service Type Certified Mail Registered Insured Mail C.O.D.
D7cv97 Alias S+ And Comp	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7007 3020	0002 0846 1778
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540